

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/584256</i>	FILING DATE					
							CLAIMS						
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2			/				52						
3				/			53						
4			/				54						
5				/			55						
6				/			56						
7				/			57						
8				/			58						
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39							89						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓	3	↓	↓	TOTAL IND.			↓			↓
TOTAL DEP.			←	7	←	←	TOTAL DEP.			←			←
TOTAL CLAIMS				50			TOTAL CLAIMS						